E-Bulletin

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Message from the Scientific Director

I want to begin by inviting each of you to review our draft strategic research priorities. These are available for your perusal at the following website https://vovici.com/wsb.dll/s/132bg3b9ee.

We hope you will take the time to read the priorities and give us your feedback. Your input will help to shape the final set of priorities, which we hope to launch at the Canadian Public Health Association Conference in June.

This is an exciting time for population and public health researchers. Last summer the WHO Commission on Social Determinants of Health released its final report. Dr. Michael Marmot, Chair of the Commission, shared his reflections on the report during visits to several Canadian cities in January, 2009. I had the pleasure of meeting him and discussing some of IPPH's proposed strategic directions with him. During his visit, Dr. Marmot encouraged us to consider how we might act on these determinants. The Canadian Reference Group on Social Determinants will be sponsoring a working session in March and discussing what additional action can be taken. Our IPPH team is contributing to this endeavour and also organizing a series of Cafés Scientifiques with the Public Health Agency of Canada, as a way to stimulate dialogue on the social determinants of health. The first of these Cafés was held in Calgary in February on securing our food and our future. The next Café is planned for the late spring in Montreal and will focus on child and family poverty (check our institute website for exact dates and locations for future IPPH cafés, which will become available shortly).

The call for applications for the joint IHSPR-IPPH Summer Institute is enclosed. We think you will find the topic very timely and relevant. Dr. James Dunn, who sits on our Institute Advisory Board and holds one of our PHAC/IPPH Chairs, has brought his expertise to this year's planning committee. I think they have put together an exceptional program that is sure to be of interest to many trainees.

We would like to congratulate the collaborative team who worked on the Toronto Teen Survey. They are the 2008 CIHR synapse award winner and we thank them for including a description of their important work in this newsletter.

We have also profiled one of the national collaborating centres in this newsletter. We plan to continue these profiles in future newsletters, as a way of keeping the community updated on the important work being conducted by researchers, frontline public health staff, managers and policy makers across the country.

Dr. Nancy Edwards

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From Research to Action: KTE and the Toronto Teen Survey

What is the Toronto Teen Survey?
The aim of the Toronto Teen Survey (TTS) is to gather information on assets, gaps and barriers that exist for young people in their quest to access sexual health services. We plan to use this information to develop community-specific strategies to increase positive sexual health outcomes for diverse youth in Toronto.

The TTS team is a collaborative group of service providers, students, researchers and policy makers. It is a partnership between Planned Parenthood Toronto (PPT) and Dr. Sarah Flicker (Assistant Professor at York University's Faculty of Environmental Studies), Dr. June Larkin (Vice-Principal, New College, University of Toronto and Principal Investigator of Gendering Adolescent AIDS Prevention (GAAP), Dr. Robb Travers (Assistant Professor, Department of Psychology at Wilfrid Laurier University) and Dr. Jason Pole (Scientist with the Pediatric Oncology Group of Ontario and an Assistant Professor at the Dalla Lana School of Public Health at the University of Toronto). Toronto Public Health, a collaborator on the project, brings considerable experience in service and policy matters related to youth sexual health. Most importantly, our team works in conjunction with a dynamic group of young people (the TTS Youth Advisory Committee) to provide meaningful input into key project stages along the way.

The TTS has garnered a great deal of attention and accolades including the University of Toronto-based Centre for Urban Health Initiative's Community Based Research Merit Award and, more recently, the prestigious CIHR Synapse Award for meaningful engagement and mentorship of teens. Funding for TTS has come from CIHR and The Ontario HIV Treatment Network, as well as the Wellesley Institute, the Centre for Urban Health Initiatives and significant in-kind resources from all project partners.

Why did we collect this information?
The need for the TTS research project was very apparent. The early teen years are a critical time to provide youth with accessible sexual health education and prevention services. Due to a number of biological, social, developmental, and behavioural factors, STIs disproportionately affect adolescents.[1] This is the period where first sexual experiences often occur and where behavioural risk for HIV and/or STIs begins. Recent data indicate a resurgence of STIs among youth,[2] along with an increase in the reported number of HIV infections.[3] Rates of reported cases of chlamydia, gonorrhea, and syphilis have increased steadily among Toronto youth since 2001;[4] and are highest among those aged 15 to 19 in Canada.[5] In fact, Toronto reports higher rates of STIs compared to the rest of Canada.

Research indicates an alarming gap in the sexual health knowledge of youth,[6] particularly younger teenagers.[7] Canadian youth lack comprehensive knowledge of the risk factors associated with unprotected sexual activity and the necessary skills required to ensure the protection of their sexual health.[8] Canadian youth do not consider themselves to be at risk for HIV/AIDS and their overall knowledge base about the disease has declined since 1989.[6] Paul Cappon, Director-General of the Council of Ministers of Education, Canada, has described this situation as "alarming."[9] Another significant reason for the need for the TTS, is the ever-changing and rapid diversification of Toronto along with Canada's other urban centres. Moreover, the Canadian literature addressing sexual health concerns among youth lacks clarity about the needs and experiences of diverse groups of youth that have come to populate contemporary Canada. Generic STI and HIV/AIDS prevention programs targeted at youth, but focussed solely on behavioural change, are often unsuccessful because youth in different communities approach their health differently [10] and broader social determinants of health (such as poverty, racism, [11] sexism [12-14] and homophobia [15,16]) shape risk. While service providers and youth identify many of the same sexual health issues, they often differ in what they consider ideal approaches to these concerns. [17] As a result, the strategies used by health promoters in public health and community-based organizations need to be adapted in order to provide culturally effective health promotion and prevention services.[18]

What did we do?
Our objectives were to identify barriers and facilitators to youth access to sexual health services, to identify sources where young people were getting sexual health information and to better understand particular behaviours that might be linked to increase risk for unintended pregnancies, STIs and HIV. We adopted a community based research approach [19-21] and trained our Youth Advisory Committee as peer researchers to conduct survey and sexual health education sessions with their peers [22,23]. Between December 2006 and August 2007, 90 community workshops were conducted and 1,216 surveys were collected from youth (ages 13-18). Our sample was diverse in multiple dimensions: 85% were non-white; 33% were born outside of Canada; 17% report a disability; 7% identified as sexually diverse; 10 % Muslim. Moreover, we purposively targeted Toronto neighbourhoods designated as 'high risk' so that we could meet the needs of those youth who are most vulnerable. In fact, we can proudly say that the TTS is one of the largest and most diverse studies of young people's sexual health needs ever done in Canada. We did it in collaboration with youth and service and policy partners - ensuring along the way that the questions we asked were sensitive and relevant and that results would be meaningful!

We also know that there is strong support for improving youth access to sexual health information and appropriate Sexually Transmitted Infection prevention strategies across Toronto. As part of the TTS, 85 service providers working with specific groups of youth have already attended 10 focus groups to learn about and discuss the survey data. Service providers include social workers, community outreach workers, clinicians, settlement workers, and staff in group homes, recreation programs, summer camps, and youth employment centres. During these sessions, survey findings were shared and discussed with participants who indicated the need for increased support to provide relevant, inclusive, and culturally-appropriate programming aimed at enhancing sexual health outcomes for diverse groups of youth. Many more service providers expressed interest in attending these sessions and in the overall project findings. Despite recognition of the importance of providing preventative sexual health education to youth, service providers recognize that youth are not a homogenous group and report that they need relevant knowledge about access barriers

Youth Advisory Committee

(continued on next page)

and the types of programming and service approaches that work best with diverse communities of youth.

One Size Does Not Fit All: Responding to the Needs of Diverse Youth Communities

Our initial intention was to produce one report that would highlight key study findings. However, through our data analysis process, we have become increasingly convinced of the importance of tailoring our messages and strategies for specific communities of youth. Our sample is so diverse, that it has become necessary to delve deeper into our data to create customized dissemination pieces for communities that shoulder a disproportionate burden of poor sexual health outcomes and/or who we know experience heightened barriers to accessing appropriate service and care. As such, we are currently holding 16 focus groups with young men and women in these communities to explore in greater detail some of the community-specific findings that emerged in the survey data. These communities include: newcomers to Canada, sexually diverse youth, African, Caribbean and other Black youth, Muslim youth, youth in care, South Asian youth, East Asian youth, and young parents.

What did we learn?

From the survey findings, we learned that barriers to adolescent access and uptake of sexual health services are experienced differently by diverse groups of youth. There was significant variation in our findings by age, gender, language, race and ethnicity, sexual orientation, length of time in Canada and socioeconomic status, resulting in divergent access between and within youth populations. This requires community-specific discussion and understanding in order to arrive at preferred solutions. Finally, it has been important for the TTS team to consider our role in building a new generation of researchers knowledgeable about youth sexual issues and committed to participatory research processes. As such, undergraduate and graduate students from across three Ontario universities, have been mentored by the TTS Investigators throughout the course of the project.

How are we going to share the results?

TTS is a large and important study and we have a great deal of information to share. As such, we have developed an innovative knowledge translation and exchange (KTE) strategy. We have enlisted a graphic design firm to work with us to develop a look and feel for our integrated messaging. We have also identified various stakeholders and will be developing tailored products and messaging for each. These include: (1) Academic audiences/ other researchers; (2) Youth; (3) Funders and Policy Makers; (4) Service Providers and 5) Popular Press (see Table 1).

The process of dissemination has already started as a result of our service provider consultations (recruited from Planned Parenthood Toronto's (PPT) large referral/partner network), which directly provided front-line staff with preliminary survey findings. Many of these service providers indicated their intent to take this information back to their home institutions, and to integrate it into practice and organizational policies. PPT is not only our community partner, but provides some of the most innovative sexual health education available to youth through clinical services and community health promotion and to service providers through its training centre that delivers a range of sexual health and health and anti-homophobia workshops. The use of TTS data will improve PPTs curriculum (and the development of future learning modules), with immediate benefits to the Toronto area, and eventually the province and beyond. PPT has already begun incorporating findings into its various curricula, and into future organizational priority setting. PPT works directly with Toronto Public Health (TPH) and is formally contracted to provide two of their sexual health programming and service areas.

TPH has been a close partner and contributor in all aspects of this project and is in a position to support some important aspects of our KTE plan as they set the youth sexual health agenda for the city of Toronto, and are in direct communication with other municipal public health units and the Ontario Ministry of Health and Long-Term Care. The TTS was highlighted in a recent policy briefing to Toronto's Board of Health, and the research team has met with senior management in TPH's Policy and Planning Department who oversee sexual health initiatives and set policy direction for the city. As well, we have held meetings with the Ontario Minister of Education and we are actively contributing to the committee making recommendations on the new provincial health curriculum. Having TPH involved from the beginning has ensured their interest in, and support of, the TTS at this vital KTE phase of the project.

Keeping the 'Buzz' Going: Building Strong Partnerships with Youth

TTS has garnered significant media attention for our unique community-based research approach which has ensured that meaningful youth input has been sought at all aspects of the research and ethics process.[22 23] Our hope is that through implementing this multi-pronged dissemination strategy, we will take a step towards improving sexual health outcomes for Toronto's teens. We already know that we are having an impact on our youth advisors (all of whom agreed that participation in the TTS training has increased their awareness about sexual health issues and services and the likelihood that they will use safer sex practices in the future). When one of our youth advisors was asked why he chose to participate in our research – he said "at first I thought it was a great opportunity to get paid , meet girls and talk about sex. But now I know it is so much more." (continued on page 4)

Target	Medium
Academic audiences/ other researchers	Publishing peer reviewed journal articles Conducting numerous presentations at key conferences
Diverse youth	Distributing a youth-friendly poster highlighting key results Producing 2 youth documentaries (*going to the clinic* and *getting involved in research*) Promoting through YouTube & Facebook Creating a TTS website
Funders and policy makers	Producing a project report replete with key summaries, actionable recommendations and written in plain language/accessible text Hosting a public launch with panel discussions Hosting key 1:1 meetings with decision makers, senior bureaucrats and Ministry officials
Service providers	Producing 8 population-specific bulletins that attend to the specific issues facing various groups of young people (eg newcomer or LGBTQ youth) Holding community specific launches in partnership with large policy NGOs
Popular Press	Producing press releases Acquiring radio, television and newspaper coverage Undertaking teen magazine outreach Writing Op ed pieces

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Find us on the World-Wide-Web at: www.cihr-irsc.gc.ca/e/13777.html

The National Collaborating Centre for Determinants of Health

The National Collaborating Centre for Determinants of Health (NCCDH) is one of the six National Collaborating Centres for Public Health (NCCPH). The National Collaborating Centres for Public Health program is part of the Government of Canada's commitment to renew and strengthen public health capacity in Canada post-SARS. The goals of the NCCDH are to synthesize, translate and exchange evidence-based knowledge to support front-line public health practitioners and policy-makers, identify gaps in research, develop and strengthen partnerships and intersectoral collaborations to address specific determinants of health or combinations of determinants and strengthen capacity through networks of public health practitioners, policy-makers and researchers in the determinants of health.

The NCCDH focuses on the social and economic factors that influence the health of Canadians. These factors, or determinants of health, include income and social status, social support networks, education, employment and working conditions, social environments, physical environments, personal health and coping skills, healthy child development, health services, gender and culture. The mission of the NCCDH is to engage public health practitioners, policy-makers, and researchers, so as to better include knowledge about the social determinants of health in policy and public health practice decisions that will achieve social justice and health for all.

While all determinants of health are important, the NCCDH has been concentrating on early child development as a determinant of health because children are the youngest and most vulnerable members of our society (Irwin, Siddiqi & Hertzman, 2007). The conditions in which children grow and develop are among the most important determinants of health throughout their life. The effects of early experiences on children's health and development can last a lifetime (Chief Public Health Officer of Canada Report, 2008). Many risks can be attended to in the early years, starting with quality prenatal care and interventions in the earliest stages of life. Therefore, the work of the NCCDH for 2008-2009 focused on exploring the contributions of public health home visiting and its contribution to early child development.

In order to learn more about early child development as a determinant of health, the NCCDH has been conducting knowledge synthesis, translation and exchange in the area of public health early child home visiting and exploring its relationship to health equity.

To this end, we have conducted an environmental scan which included focused conversations with public health nurses, clinical nurse specialists, home visitors, child development program staff, medical officers of health, a day care director, senior government officials, senior government program managers, and researchers. Participants agreed that home visiting was an important aspect of early child development programs and that further synthesis of the evidence is essential.

An inventory of home visiting programs was also conducted by the NCCDH. This work will provide practitioners and policy-makers with a pan-Canadian description of home visiting service delivery models, data collection and tracking systems, evidence-informed tools, best practices and the experiences of their peers. The information has been gathered from each province and territory as well as selected health regions within Canada. The knowledge will be further synthesized by themes to enhance its utility.

An activity of particular note conducted by the NCCDH was the "Early Child Development Forum: Exploring the Contribution of Public Health Home Visiting" which took place October 14-17, 2008 in Saskatoon, SK. The forum, co-hosted by the National Collaborating Centre for Aboriginal Health, was the first of its kind and explored effective strategies for public health home visiting. More than 120 participants from every Canadian province and territory took part. The group included community health representatives from First Nations communities, public health nurses, medical officers of health, managers, academics and representatives from provincial and territorial Ministries and Departments, Health Canada and the Public Health Agency of Canada. The evaluations indicate the forum was well received and provided the opportunity for those involved in the practice of public health home visiting from across Canada to learn from and with each other.

In 2009-2010 the NCCDH will continue to focus on early child development as a determinant of health. This will involve expanding our knowledge synthesis, translation and exchange activities in the area of public health early child home visiting. In addition, we will explore the available evidence regarding public health interventions for children to promote school readiness. We will also collaborate with other partners to illuminate the ways in which other determinants of health interact with early child development to create the conditions for nurturing environments for children.

The NCCDH continues to be committed to engaging in high-quality, evidence-based knowledge synthesis, translation and exchange activities in collaboration with the other five National Collaborating Centres. It is our vision that this energy, commitment and enthusiasm continue to translate into innovative and effective knowledge translation activities and the identification of research gaps to support public health front-line practitioners, policy-makers and program managers, and ultimately, to the improved health of all Canadians. Please visit www.nccdh.ca for further information.

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Shedding Some Light on Population Health Intervention Research

An insert from the partners of the Population Health Intervention Research Initiative for Canada (PHIRIC) has just been published in the January/February issue of the *Canadian Journal of Public Health*. This represents a great opportunity to promote discussion and raise awareness about population health intervention research – its conduct, its funding and its use by policy makers and practitioners. The insert highlights the importance of learning from practice and assessing programs and policies to improve the health of Canadians. Topics include capacity-building initiatives, peer-review processes, and myth busters about population health intervention research. The insert is available on the Canadian Public Health Association website at http://journal.cpha.ca/index.php/cjph/issue/view/270

CIHR Annual Report 2007-2008 mentions Léa Roback Research Centre on Social Inequalities and Health

Looking to the Past for a Healthier Future

Who you are and where you live have a huge impact on your health. Researchers have made great progress in identifying the factors that determine health, but applying that information to create healthier communities can be complicated. With the help of CIHR funding, a group of researchers at the Léa Roback Research Centre on Social Inequalities and Health, in Montreal, are trying to open new communication channels among social scientists, policy makers and the people they are trying to help. The Centre is one of seven research centres on population and public health throughout Canada supported by CIHR and its partners.

"We've developed a vision for a centre with multidisciplinarity at its core," explains Louise Potvin, the Scientific Director at Léa Roback. "And when we talk about multidisciplinarity, we mean it. We have everyone from political scientists to physicians to neurophysiologists to environmental experts."

The Centre's headquarters is co-located at the Direction de la santé publique de Montréal (DSP), the city's department of public health. This unique location gives Léa Roback's researchers direct contact with municipal government representatives and allows decision makers to get involved in research projects at very early stages and throughout the projects.

"We're developing a way of interacting with decision makers at the DSP so that we can build on their professional networks to put research into action," says Dr. Potvin. "And we're bringing the cream of the research community into those professional networks."

The partnership between the Léa Roback Centre and the DSP has resulted in some innovative knowledge translation activities, including a breakfast club where government representatives and community members can discuss research results with the Centre's researchers.

"Through this partnership, we've created a collaboration of researchers and decision makers with direct access to solid evidence that can highlight and enlighten public health questions," says Dr. Potvin.

This article was reprinted from the CIHR website. For a copy of the full Report and source article please refer to: http://www.cihr.ca/e/36879.html#4

Institute Community Support (ICS) Program

The ICS Program is designed to foster community development by providing grants and awards to individuals and organizations for the purposes of:

- Aiding research and knowledge translation activities where the circumstances fall outside CIHR's programs.
- Supporting organizations and activities whose goals are consistent with the Institute's and CIHR's vision, mandate and strategic directions.

The ICS Program is not intended to support the direct cost of research (e.g., pilot projects, feasibility studies or operating grants), principal and co-investigator salaries or research equipment.

Priority Theme Areas

- Population health intervention research and its use
- Understanding and Promoting Equity in Health

For more information on this program or other IPPH funding opportunities, please visit the CIHR website at: http://www.cihr-irsc.gc.ca/e/13777.html

CIHR's IHSPR-IPPH Summer Institute "Space, Place and Health"

McMaster University
Hamilton, Ontario
July 9-11, 2009

The past several years have witnessed a rapid growth in research on geographical aspects of health and health care. While there is a long history of this kind of research, the growth of activity and especially its proliferation into social epidemiology, population and public health and health services and policy research in the 1990s and 2000s has been unprecedented.

The proposed Summer Institute would provide trainees with a significant opportunity to improve their conceptual and theoretical understanding of the opportunities and constraints offered by geographical methods and theoretical approaches, as well as introduce them to a wide variety of new analytic techniques and potential sources of data for research on 'space, place and health' and their application in policy and practice settings. Ethical dimensions will also be explored.

The deadline for applications is **April 17th, 2009**. Please visit the IPPH website for more information: http://www.cihr-irsc.gc.ca/e/35907.html

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Links of interest

Health of the Nation: A Population Health Perspective

The Canadian Population Health Initiative (CPHI) of the Canadian Institute for Health Information is pleased to provide you with the March 2009 edition of *Health of the Nation: A Population Health Perspective.*

This edition features the launch of *Improving the Health of Canadians: Exploring Positive Mental Health.*

This new publication is the third of three reports in CPHI's *Improving the Health of Canadians* mental health series. It brings together available information and data analyses that look at one way of defining positive mental health; how we currently measure it; its role in health; what factors are associated with high levels of positive mental health; and what strategies are, or may be, effective at promoting mental health at the population level.

Complimentary access to the newsletter and this report is available at: http://secure.cihi.ca/cihiweb/

Heart and Stroke Foundation Report Card on Canadian's Health

We are pleased to share the 2009 Heart and Stroke Foundation Report Card on Canadian's Health with you "What's in store for Canada's Heart Health".

The focus of the Report Card this year is one which concerns us all, food security. With the Foundation's particular focus on improving children's access to healthy food, this report card is very timely. The issue of food security is one which impacts the work that we all do, at every level.

We invite you to share the Heart and Stroke Foundation Report Card with your colleagues and friends. To read the report got to: http://www.heartandstroke.on.ca

Provincial poverty reduction strategies

There are quite a number of Provincial poverty reduction strategies and campaigns.

We would like to share a website that we have found which lists a number of Anti-poverty strategies in Canada and abroad. You will find that this list is quite complete and summarizes the landscape well.

Please visit the link for further information: http://www.canadiansocialresearch.net/

16th Canadian Conference on International Health

Call for Abstracts
Deadline **Friday, May 11, 2009**

The 16th Canadian Conference on International Health is being held on October 25 - 28, 2009 at the Crowne Plaza Ottawa, 101 Lyon St. N., Ottawa, ON, Canada.

This conference provides exciting opportunities for learning, networking and sharing projects and proposals. The theme this year is "*Health Equity: Our Global Responsibility*".

The deadline for the Call for Abstracts is Friday, May 11, 2009 and we encourage all those who would like to present a paper or poster to submit their abstract as soon as possible. Late submissions will not be accepted. Abstracts can be submitted in English or French.

Please check the website at http://www.csih.org for the complete Call for Abstracts form and regular conference updates.

American Public Health Association Conference

Philadelphia, PA
November 17-20, 2009

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